

State of Colorado  
Oil and Gas Conservation Commission1120 Lincoln Street, Suite 801, Denver, Colorado 80203  
Phone: (303) 894-2100 Fax: (303) 894-2109

OGCC RECEPTION

Receive Date:

04/10/2019

Document Number:

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## Domestic Tap

The Flowline Report, Form 44, shall be submitted to register, report realignment, report removal from service, or report abandonment of Off-Location Flowlines, Produced Water Transfer Systems, Domestic Taps, or Crude Oil Transfer Lines as required by the 1100 Series Rules. The Form shall also be submitted to report Grade 1 Gas Leaks from Flowlines per Rule 1104.k.

**Operator Information**

OGCC Operator Number: 34725 Contact Person: Matt Barnett  
Company Name: GOSNEY & SONS INC Phone: (970) 884-9533  
Address: P O BOX 367 Email: mattb@gosneyco.com  
City: BAYFIELD State: CO Zip: 81122  
Is the Operator a Tier One member of the Utility Notification Center of Colorado (UNCC) that participates in Colorado's One Call notification system? Yes ☒ No ☐

**DOMESTIC TAP****DOMESTIC TAP ASSOCIATED WELL LOCATION IDENTIFICATION**

Location ID: 334029 Location Type: Well Site  
Name: CONLEY-N32N6W Number: 24NENW  
County: ARCHULETA  
Qtr Qtr: NENW Section: 24 Township: 32N Range: 6W Meridian: N  
Latitude: 37.007900 Longitude: -107.453610

**DOMESTIC TAP FACILITY INFORMATION**

Flowline Facility ID: Flowline Facility Type: Domestic Action Type: Registration

**DOMESTIC TAP REGISTRATION**

Installation or Date of Discovery: 10/01/2012

**Flowline Start Point Riser**

Latitude: 37.007700 Longitude: -107.453200 PDOP: Measurement Date: 03/15/2019

Tap Source: Flowline

**Street Address of Point of Delivery**

Address: 450 County Road 975

City: Arboles State: CO Zip: 81121

Latitude: Longitude: PDOP: Measurement Date:

**OPERATOR COMMENTS AND SUBMITTAL**

Comments

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct and complete.

Signed: \_\_\_\_\_ Date: 04/10/2019 Email: mattb@gosneyco.com

Print Name: Matt Barnett Title: General Mgr

Based on the information provided herein, this Flowline Report complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: \_\_\_\_\_ Director of COGCC Date: \_\_\_\_\_

**Attachment Check List**

| <b><u>Att Doc Num</u></b> | <b><u>Name</u></b> |
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Total Attach: 0 Files